STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155522	A. BUILDING _____ B. WING _____	C 12/19/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY PARKVIEW CARE CENTER	2300 PARKVIEW LN ELWOOD, IN 46036

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This survey was for the Investigation of Complaint IN00100829 and Complaint IN00100398. Complaint IN00100829: Unsubstantiated due to lack of evidence. Complaint IN00100398: Substantiated, with no Federal/State deficiencies related to allegations cited. Survey Date: December 19, 2011 Facility Number: 000372 Provider Number: 155522 AIM Number: 100289060 Survey Team: Tammy Alley, RN TC Donna M. Smith, RN Census Bed Type: SNF/NF: 83 Total: 83 Census Payor Type: Medicare: 9 Medicaid: 55 Other: 19 Total: 83 Sample: 9 Community Parkview Care Center was found to be in compliance with 42 CFR Part 483 Subpart B and 410 IAC 16.2 in regard to the Investigation of Complaint IN00100398 and Complaint	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 000	Continued From page 1 IN00100829. Quality review completed on December 20, 2011 by Bev Faulkner, RN	F 000		